

Postdoctoral Fellow Information Form

(to be completed by applicant)

Personal and Contact Information

Given Name:

Middle Name: (if applicable)

Surname:

Birth Date:
(YYYY/MM/DD)

Gender: Male

Female

Legal Status: Canadian Citizen

Permanent Resident

Work Visa

Country of Citizenship
(for work visa holder only)

Phone:
e.g.416-111-1111 x111

UofT Email: (if applicable)

Academic Information

Institution Country:

Name of University where PhD or
equivalent degree was obtained:

Degree Program:
e.g. PhD in Computer Science

Degree Awarded Year:

Permanent Address

Care Of: (if applicable)

Street:

Apt.: (if applicable)

City:

Country:

Province:
Postal Code:

Mailing Address (if different than Permanent Address)

Care Of: (if applicable)
Street:
Apt.: (if applicable)
City:
Country:
Province:
Postal Code:

Engagement Duration and Supervisors

Start Date:
(YYYY/MM/DD)

End Date:
(YYYY/MM/DD)

Supervisor Name:
Supervisor Phone:
Supervisor Email:
Supervisor Department:
Co-Supervisor Name:
Co-Supervisor Phone:
Co-Supervisor Email:
Co-Supervisor Department: